

341 Market.

Paper Month 1828

An
Inaugural essay
on
Acute Peritonitis
For the degree of Doctor of medicine
in the
University of Pennsylvania
by
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of
North Carolina

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Peritonitis is, as its name indicates,
an inflammation of the Peritoneum. -
This inflammation may be divided into
acute and chronic forms. It is the
Acute Peritonitis of which I propose to treat.
Symptoms. - It comes on with chills and
shivering which are attended with pain
in the back and loins, and are in a
short time followed by fever. The
period of the cold stage is exceedingly
indefinite, sometimes terminating soon, at
other times not until a day or two.
The surface cold and collapsed, the pulse
small, quick, and chorded and well cal-
culated to deceive. But from the com-
mencement, there are symptoms which
cannot fail to awaken suspicion. There
is a sense of heat and pain in the
abdomen; sometimes confined to one
place, though more commonly diffused;

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By pressure the pain is generally augmented and a tenderness exists in every part of the abdominal parieties.

Even at this early period the patient complains of thirst and dryness of the tongue and fauces. At this stage of the disease there are nausea and vomiting and constipated bowels. These are the ordinary symptoms at the commencement of an attack. But, in 12 or 24 hours, or even at a shorter time, the tenderness of the abdomen is so much increased, that the pressure of the bed clothes can hardly be borne by the patient. The pulse has a contracted feel and beats from 100 to 120 or 130 times in a minute. The tongue becomes incisive, and a considerable augmentation of the tension and swelling of the belly is

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apparent. Examined at this stage the patient will be found lying on his back with his knees drawn up. The reason is obvious. By this posture the weight of the intestines &c. is thrown on the back, and the abdominal muscles are relaxed by which much relief is afforded: and one of the first symptoms of approaching convalescence, is the extending by the patient, his lower extremities. As the disease advances all the symptoms increase, especially the temperature tumefaction of the abdomen. At this stage it is not uncommon, for the pain which before was excessive suddenly to cease. But we should not construe this circumstance into an auspicious omen. It is always the precursor of death. When, on the contrary, the symptoms subside gradually it is

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a proof that our remedies are effecting
a cure. Contemporaneously, or nearly so,
with this sudden subsidence of pain,
there is great sinking of pulse, so
much so, that it can scarcely be coun-
ted, and a vomiting of dark matter,
or rather an expulsion of it by ten-
guitus or a spasmodic action of the
stomach. Cold clammy sweats now
break out; the extremities are cold
and withered; the countenance collapsed
and haggard; difficult and laborious
respiration mark the closing scene of life.
These are the ordinary symptoms.—
But the disease has been known
to run its course, terminating in
gangrene, without any of the symptoms
of inflammation. This disease is pro-
duced by varieties of temperature, as
cold succeeding to heat, by infiltration

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of fluid into the peritoneal canal blow,
or any violence done to the abdomen.

agnosis. Generally it requires much inquiry
of dissemination to distinguish this disease
from other inflammations of the abdomen.

In Terilonitis there is no inclination to
go to stool, and not the slightest
mitigation of the symptoms by the
most copious saline evacuations. The
patient generally lies on his back with
his feet drawn up: the pain also is
more steady than in Colic, and more
urgent and lancinating, than in Enteritis.

In Colic the pain is mitigated by
refluxion and the patient lies on his
belly. When the pain gradually sub-
sides, and there is a gradual abate-
ment in the violence of all the sym-
ptoms, the prognosis is favourable. One
of the most favourable, is the patient

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ting able to extend his lower extremities, and never favourable unless gradual; on the contrary, should the pain suddenly cease, the pulse become weak and fluttering, the skin cold and clammy, the countenance haggard, the mind wandering, we may conclude that gangrene has taken place, and death will probably be the result.

Dissection presents the phenomena of inflammation and its consequences, extravasations, effusions of serum, coagulable lymph, and finally pus.

Gangrene is also common, though ulceration never takes place in recent cases, the pus is secreted by the venaleni vessels of the membrane.

Treatment.—In the early stage of the disease it would be proper to urge the lancet as far as possible, consistently,

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with the strength and other circumstances
of the patient. The pulse should not
generally be taken as a guide, as it
is often depressed and feeble in direct
proportion to the violence of the attack:
so it arises as we deplete with the
loss. Here is a case of inflam-
mation rapid in its progress, and if
not speedily arrested, inevitably fatal.
Having the circumstance in view, we
should take 25 or 30*fl* of blood at the
blushing, and should this not be produc-
tive of relief, we should repeat the
operation to the same extent in the
course of the day. Dr Chapman has
taken from 60 to 70 ounces of blood
in the course of the day from a
person labouring under Peritonial inflam-
mation and he does not believe that
it would have answered.

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But simple cupping by the lance will not entirely effect a cure. - either from the peculiarity of the inflammation, or from the seat of the disease being in the capillaries of the membrane general bleeding fails. - It cups the disease under, though it cannot interpose or completely cure it; then it is found that the lance does not eradicate the complaint it will be advisable to use topical bleeding by lances or cups to the abdomen, taking away as much blood as can be detracted by this means. Blisters are useful auxiliaries when properly timed. They are always mischievous if applied in the commencement of the disease. They should be uniformly preceded by the use of warm fomentations to the abdomen, and a good

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use of direct depletion. The best mode
in which the former can be affected
is by bread and milk poultices laid
over the whole abdomen; or, what
answers very well, common mush placed
in a bag, which should be moderately
full, so that it may adapt itself to
the contours of the belly. Clothes wrung
out of hot water and applied are
very good. In place of warm fomenta-
tions, cold applications have been pro-
posed but are not very serviceable. —
The bowels should be kept in a
soluble condition, either by milde
laxatives or by the use of enemas.
When the latter articles are employ-
ed they should be composed of
milde ingredients, and administered in
large quantities, so as to act as fermen-
tations to the intestines. — Depletion

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having, failed, the next measure is
to excite copious perspiration. This
often operates as a charm in peritoneal
inflammation. Diaphoretics in this case,
act by giving a centrifugal direction
to the circulation, thereby, drawing off
blood from the capillaries of the
peritoneum, and to determine it to
the surface of the body. To induce
perspiration, we should confide most
in the external means. The vapour
bath, is superior to all others. -

The operation of this should be
promoted or assisted by the internal
use of diaphoretics of which Opium
stands first. The best, is perhaps
Dover's powder. The disease not being
arrested, we have the sinking condition.
Combinations of Opium and Colomel have
done much good; but the spirits of

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Surpentine much more. It is a disease
of great danger. In most cases it
is well marked from the beginning;
but sometimes irregularities occur, which
are apt to mislead the practitioner
and direct him from the use of those
remedies by which it should always
be managed. Now when there in the
earliest stage, there is so great prostration,
and the pulse so feeble, as to induce
an apprehension that the patient is
too debilitated to admit of direct
depuration. This is generally considered
a case of depression or in other
words, the disease is locked up in
the system. But the vital system is
so depraved by the overwhelming force
of the disease, that there is danger
of the system not reacting; and
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violent, it would do harm if
not destroy the patient. In cases
of this nature, we must endeavour
to rouse the energy of the system;
and for this purpose the warm
bath, sudorifics and small and repeated
bleeding should be performed.

After a while the case becomes more
developed, and then with perfect safety
and even great advantage, we may
resort to the more copious use of
the lancet and its auxiliaries.

It sometimes happens that the dis-
ease is sufficiently marked in the
first stage to awaken us to a sense
of its danger. It comes on with
a slight tenderness of abdomen, little
or no fever, and a pulse not very
different from its natural condition,
being rather quicker and very slightly

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choked. The system becomes suddenly
suppressed, the pulse sinks, the surface
becomes covered with a cold clammy
sweat, and a discharge of blackish
matter takes place from the stomach.
These cases require the warm bath,
and afterwards venesection and its
auxiliaries. Rest in horizontal position
Fict. The patient should take nothing
but mucilaginous and demulcent drinks
such as Barley water, gum arabic water,
leath water, rice water &c.









